

**CITY OF CABOT  
CATASTROPHIC LEAVE BANK PROGRAM  
DONATION OF SICK AND VACATION LEAVE**

**PLEASE TYPE OR  
PRINT LEGIBLY**

**INSTRUCTIONS**

1. **Employee:** Complete and sign Part I and forward to your supervisor. Accrued leave may be donated in one (1) hour increments only.
2. **Supervisor:** Complete and sign Part II and forward to Human Resources.
3. **Human Resources:** Complete and sign Part III and process donation.

**PART I – COMPLETED BY DONOR**

Name of Donor (Last, First, Middle Initial)	Hire Date	Social Security Number
Department		
Amount of Vacation Leave Hours Donated	Amount of Sick Leave Hours Donated	Total Amount of Leave Hours Donated

**CERTIFICATION OF VOLUNTARY DONATION**

***I Certify that:***

1. I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate my Vacation or Sick Leave. I understand that I have no right under any circumstances to have any of the donated leave restored to my accrued Vacation or Sick Leave Totals.
2. I am a regular full-time employee of the City of Cabot and I am being compensated on a full-time basis.
3. This leave time donation will not reduce my combined Vacation and Sick Leave balance to less than eighty (80) hours (except upon termination or retirement.)

Signature of Donor	Date
--------------------	------

**PART II – COMPLETED BY DONOR'S SUPERVISOR (person that signs timecard)**

Vacation Leave Hours Balance After Donation	Sick Leave Hours Balance After Donation	Effective Date of Balance
Supervisor's Name	Supervisor's Signature	Phone Number

**PART III – COMPLETED BY HUMAN RESOURCES**

Donor's Employment Status <input type="checkbox"/> FULL-TIME <input type="checkbox"/> RETIREMENT <input type="checkbox"/> TERMINATION	Total Leave Hours Donated	Donor's Hourly Rate of Pay	Dollar Value of Donation
Signature of Human Resources Representative			Date